

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

Communicable Disease Control

Meningococcal Meningitis

(spinal meningitis, cerebrospinal fever, meningococemia)

What is meningococcal meningitis?

Meningococcal meningitis is a severe bacterial infection of the bloodstream and meninges (a thin lining covering the brain and spinal cord), it is a relatively rare disease and usually occurs as a single isolated event. Clusters of cases or outbreaks are rare in the United States. Five to 10 cases are reported annually in Montana.

Who gets meningococcal meningitis?

Anyone can get meningococcal meningitis, but it is more common in infants and children.

How is the germ that causes this type of meningitis spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges from an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?

Although most people exposed to the meningococcus germ do not become seriously ill, some may develop fever, headache, vomiting, stiff neck and a rash. Up to 25 percent of patients who recover may have chronic damage to the nervous system. The disease is occasionally fatal.

How soon do the symptoms appear?

The symptoms may appear two to 10 days after exposure, but usually within five days.

When and for how long is an infected person able to spread the disease?

From the time a person is first infected until the germ is no longer present in discharges from the nose and throat, he or she may transmit the disease. The duration varies according to treatment used.

What is the treatment for meningococcal meningitis?

Certain antibiotics are very effective in eliminating the germ from the nose and throat. Penicillin is the drug of choice for cases of meningitis.

Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?

Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth to mouth resuscitation, day care center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for rifampin or a sulfa drug from their physician. Casual contact as might occur in a regular classroom, office, or factory setting is not usually significant enough to cause concern.

Is there a vaccine to prevent meningococcal meningitis?

Presently there is a vaccine that will protect against two of the strains of meningococcus, but it is only recommended in outbreak situations or for travel to areas of the world where high rates of the disease are known to occur.